



Change of Physician Medical Director Form

Return to:
Nebraska Department of Health and Human Services
Office of Emergency Health Systems
Attn: Laura
P.O. Box 95026
Lincoln, Nebraska 68509-4986

OR

DHHS.EMSLicensing@nebraska.gov

EMS Service or Training Agency Name: _____

Current Physician Medical Director Name: _____

New Physician Medical Director Name: _____

New Physician Medical Directors License Number: _____

New Physician Medical Directors Email: _____

New Physician Medical Directors Phone Number: _____

New Physician Medical Directors License Address: _____

In accordance with the State of Nebraska Rules and Regulations relating to Emergency Medical Services, Title 172 NAC 12-006, please accept this letter as official notification of the change of Physician Medical Director (PMD). The termination date of our current Physician Medical Director is _____. On this date, our new Physician Medical Director will assume the duties of the Physician Medical Director.

Service Officer's Signature

Date

Physician Medical Director Authorization Service Acknowledgment

Service Name

License Number

This service acknowledges the authorities of the Physician Medical Director (PMD) as stated in Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulations Title 172 Chapters 11 and 12.

Physician Medical Director Adoption

- I acknowledge my authorities and responsibilities as Physician Medical Director (PMD) as stated in Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulations Title 172 Chapters 11 and 12.
- I adopt the following documents as required by Nebraska EMS Practice Act and the Nebraska Rules and Regulations Title 172 Chapters 11 and 12.
 - a. Infection Control Plan
 - b. Quality Assurance Plan
 - c. Equipment List
 - d. Back-up Response Plan
- ☐ I adopt the complete set of the Nebraska EMS Model Protocols as posted on the Emergency Medical Services website on the date of my signature as the official protocols for the service named above;

OR

- ☐ I adopt the Nebraska EMS Model Protocols as posted on the Emergency Medical Services website on the date of my signature with modifications. I have reviewed the modified protocols and a signed copy of each modified protocol is included with this application. I am aware that I am responsible for any adverse action that may arise due to these changes;

OR

- ☐ I do not adopt the Nebraska EMS Model Protocols. I have provided a signed copy of the protocols that the above named service will follow along with documentation outlining how they differ from the Nebraska EMS Model Protocols.

Signature of PMD

Printed Name of PMD

Date